



**MHS IM/IT
Program**

The Military Electronic Health Record (EHR)

AHLTA Briefing for the
TRICARE Data Quality Training Course
June 2006



MHS IM/IT
Program



The Military Electronic Health Record (EHR)

Objectives

- Provide a Brief Overview of AHLTA
- Describe the Process of Records Review



*Military Health System
Information Management/Information
Technology Program*

Overview

Military Health System IM/IT Program

Force Health Protection



MHS is dedicated to support Force Health Protection (FHP)

- Healthy and Fit Force
- Casualty Prevention
- Casualty Care Management

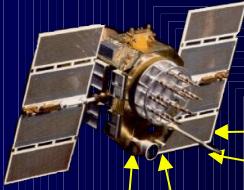
FHP is much more than individual health care delivery:

- Involves full spectrum of health services
- Medical Surveillance is a keystone to support FHP Pillars



Military Health System IM/IT Program

Levels of Care



Care Outside Theater



Enroute Care



Theater Hospitalization



Forward Resuscitative Surgery



First Responder

Military Health System IM/IT Program

Integrating the Health Record

AHLTA

TMIP

ACCESSION



HEALTHY & FIT FORCE



RESERVISTS

TRAINING

DEPLOYMENT



CASUALTY PREVENTION

CLINICAL DATA
REPOSITORY

GARRISON

INTERIM THEATER
DATA
REPOSITORY

THEATER

FORWARD
RESUSCITATIVE
SURGERY



CARE OUTSIDE
THEATER



ENROUTE
CARE

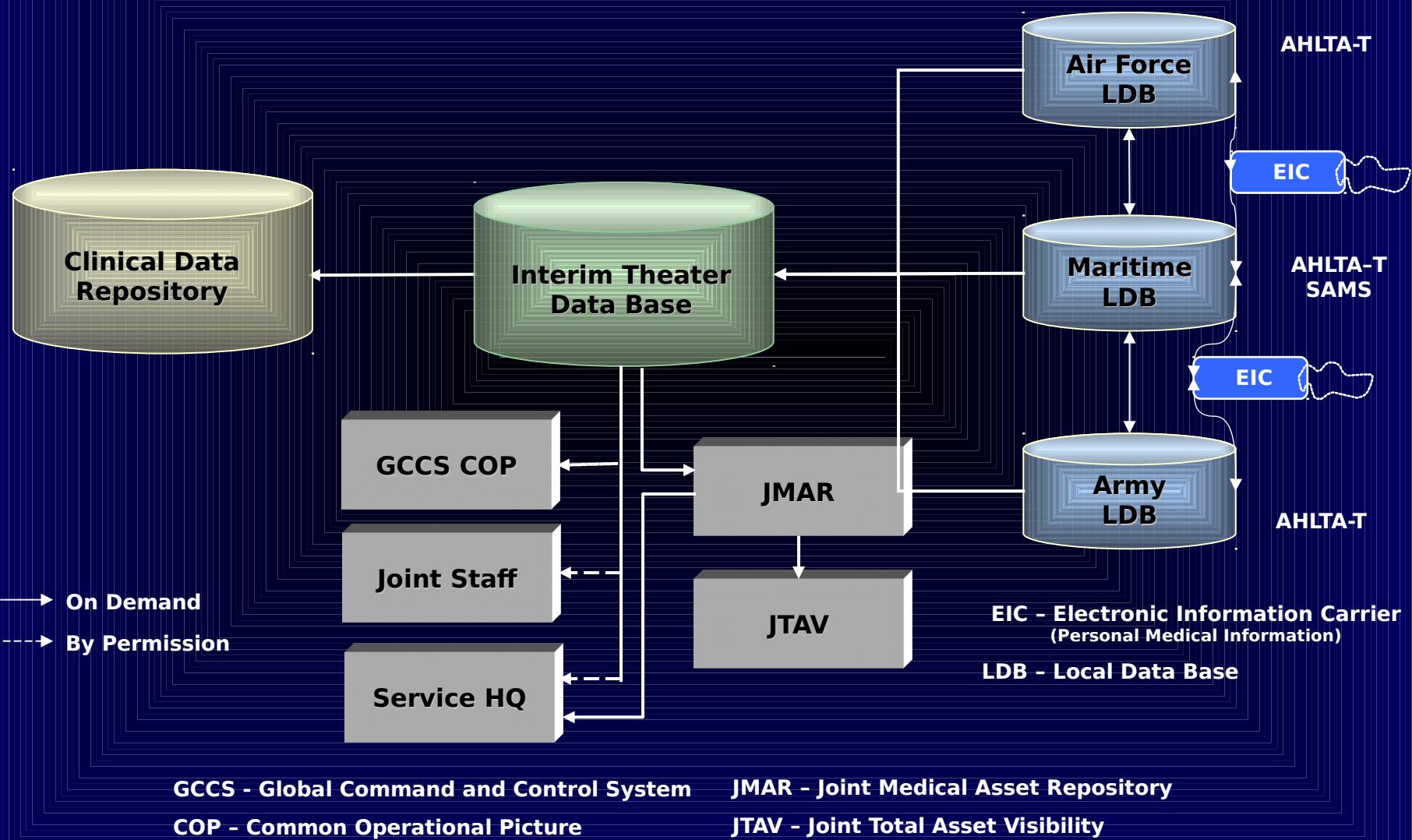


THEATER
HOSPITALIZATION

TRAC²ES

Military Health System IM/IT Program

Wartime Information Flow



AMPICILLIN--PO 500MG CAP

020625-27631

SIG:

T PO Q 6HR PRN #600 RF0

QTY: 6000

Metric Qty:

REFILLS ALLOWED: 0

ORDER COMMENT:

ORDER DATE/TIME: 25 Jun 2002@1650 EXPIRATION DATE: 25 Jul 2002

CHILD RESISTANT CONTAINER: YES

DISPENSING PHARMACY: APHARM WRAMC MAIN

Nonformulary-SPP ONLY

DAYS SUPPLY exceeds the maximum days supply allowed of 1
Please enter an order comment to justify the excess.



*The Military Computer-Based
Patient Record (CPR)*

Screens for Basic Medical Scenario

Military Health System IM/IT Program

Patient Encounter Process





My Computer



CHCSII



Standalone
DDSA (2...)



Inbox



Microsoft
Outlook



Network
Neighborhood



Briefs



Recycle Bin



Military Clinical Desktop - Login

Military Clinical Desktop

Please enter your user id and password to login.



User Id:

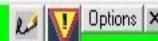
Password:

SYSTEM LOADING - PLEASE STAND BY...

Getting user security information ...



<No Patient Selected>



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- + Reports
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- CHCS-I
- Immunizations Admin

Change Selections ... My Appointments in This Clinic for Today plus Incomplete.										
Appt. Date/Time	Patient	Status	Reason for Visit	FMP/SSN	CheckIn Time	Type	Classification	Home Phone	Work Phone	Comment
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19 May 2006 0930	ALEXANDER, VIOLET W		cough & fever HTN followup	20/202455743		ACUTE APPT	Outpatient	123 3333333	123 3334444	middle age illness
19 May 2006 1000	SUAREZ, EDUARDO A		diabetes/diabetes followup	20/454723217		ESTABLISHED/FOLLOW UP APPT	Outpatient	123 8888888	123 4445555	
19 May 2006 1030	BERG, OLAF V		Cold and Flu	20/245638943		ACUTE APPT	Outpatient	123 7777777		
19 May 2006 1100	WILLIAMS, CLAYTON U		headache/physical	20/967628867		ROUTINE	Outpatient	123 3233000		
19 May 2006 1130	SUGARMAN, REGINOLD T		headache	20/575342160		ROUTINE	Inpatient	123 6544444		

Reminders



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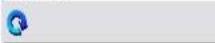
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Patient Search

Quick Search:	SSN:	<input type="button" value="Find"/>
Last Name:	FMP:	<input type="button" value="New Search"/>
First Name:	Sponsor SSN:	<input type="button" value="All Patients"/>
DOB:	Sex:	<input type="button" value="Edit Patient"/>
UIC	<input type="button" value="Search CHCS"/>	<input type="button" value="Patient Details"/>
<input type="checkbox"/> Find only patients enrolled in this facility.		

Reminders





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Change Selections ... My Appointments in This Clinic for Today plus Incomplete.

Appt. Date/Time Patient

20 May 2006 0900 ALEXANDER, MARI
 20 May 2006 0930 ALEXANDER, VIOLE
 20 May 2006 1000 SUAREZ, EDUARD
 20 May 2006 1030 BERG, OLAF V
 20 May 2006 1100 WILLIAMS, CLAYTON
 20 May 2006 1130 SUGARMAN, REGINA

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5 patients found.																																	

	Classification	Home Phone	Work Phone	Comment
FOLLOW UP APPT	Outpatient	123 3333333		late adolescence
	Outpatient	123 3333333	123 33344444	middle age illness
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	Outpatient	123 3233000		
	Inpatient	123 6544444		

Reminders

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Today+Incomplete

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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- Lab
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- Previous Encounters
- Flowsheets

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Reminders

Adequate Calcium Counseling



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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Reminders

- Adequate Calcium Counseling
- Anti-Tobacco Counseling

Previous Encounters View last four View All

Date	Status	Primary Diagnosis	Clinic
18 May 2006 1740	Needs Co-Signature	HYPERLIPIDEMIA	CHCSII ITT Clinic
01 May 2006 1212	Complete	visit for: screening exam lipid disorders	CHCSII ITT Clinic
01 May 2006 1212	Complete	DIABETES MELLITUS TYPE II - UNCOMPLICATED, UNCONTROLLED	CHCSII ITT Clinic
13 Nov 2005 2120	Complete	DIABETES MELLITUS TYPE II	CHCSII ITT Clinic

Signed Encounter Documents: 13 Nov 2005 2120 signed by DOCTOR, DAVID

(1 documents found)

Patient: SUAREZ, EDUARDO	Date: 13 Nov 2005	Appt Type: WI
Facility: CHCSII ITT FACILITY	Clinic: CHCSII ITT Clinic	Provider: DOCTOR, DAVID

AutoCites Refreshed by @ 13 Nov 2005 21:32

Screening Written by DOCTOR, DAVID @ 13 Nov 2005 21:32

Appointment Reason For Visit: diabetes followup

Allergen information verified by DOCTOR, DAVID on 7/2/02

Selected Reason(s) For Visit:

DIABETES MELLITUS TYPE II (Follow-Up) Comments:

Vitals

Vitals Written by DOCTOR, DAVID @ 13 Nov 2005 21:32 EDT
BP: 120/80, HR: 70, RR: 18, T: 98.6 °F

SO Note Written by DOCTOR, DAVID @ 13 Nov 2005 21:32

Chief complaint

The Chief Complaint is: Diabetes FU.

History of present illness

The Patient is a 44 year old male who denied malaise, eye symptoms, the appetite is decreased, the appetite is increased, polyuria, and polydipsia.

Review of systems

Cardiovascular symptoms: No chest pain or discomfort and no palpitations.

Pulmonary symptoms: No dyspnea, no paroxysmal nocturnal dyspnea, no cough, and no wheezing.

Gastrointestinal symptoms: No nausea, no vomiting, no abdominal pain, no diarrhea, and no constipation.

Physical findings

Vital signs:

^ Normal (Reviewed).

General appearance:

^ Patient appeared well developed. ^ Patient appeared well nourished. ^ Patient appeared to be in no acute distress.

Eyes:

General/bilateral:

Extraocular Movements: ^ Normal.

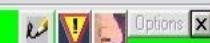
Pupils: ^ Equal in size, round, reactive to light, with normal accommodation.

Sclera: ^ Showed no icterus.



Append Narrative Amend Encounter Sign Encounter Copy Forward NewTemplate Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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Previous Encounters View last four View All

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13 Nov 2005 2120	Complete	DIABETES MELLITUS TYPE II	CHCSII ITT Clinic

Signed Encounter Documents: 13 Nov 2005 2120 signed by DOCTOR, DAVID

(1 documents found)

No usual discharge was seen.

The pharynx:

^ Pharyngeal mucosa was not inflamed.

Neck:

^ Demonstrated no decrease in suppleness.

Lymph Nodes:

^ Submandibular lymph nodes were not enlarged.

Lungs:

^ No wheezing was heard. ^ No rhonchi were heard.

Cardiovascular system:

^ No murmurs were heard.

Heart Rate And Rhythm: ^ Normal.

Heart Sounds: ^ No gallop was heard.

Arterial Pulses: ^ Pulse magnitude of the right dorsalis pedis artery was not recorded. ^ Pulse magnitude of the left dorsalis pedis artery was not recorded.

Abdomen:

Palpation: ^ No abdominal tenderness. ^ No mass was palpated in the abdomen.

Skin:

^ No ulcer was seen on the feet.

Neurological:

Sensation: ^ No decreased response to tactile stimulation of the dorsum of the foot only. ^ No decreased response to tactile stimulation of the sole of the foot only.

Reflexes: ^ Knee jerk was normal. ^ Ankle jerk reflex was normal.

AP Written by DOCTOR, DAVID @ 13 Nov 2005 21:32

1. DIABETES MELLITUS TYPE II

Comments: diabetes remains under control.

Disposition Written by DOCTOR, DAVID @ 13 Nov 2005 21:32

Released Without Limitations

Follow up as needed and in 3 Months with PCM or sooner if there are problems.

Discussed: Diagnosis and Medication(s)/Treatment(s) with Patient who indicated understanding.

E&M Code: 99213: Estab Outpatient Expanded H&P - Low Complexity Decisions

Reminders

- Signed@ 13 Nov 2005 21:32
- DOCTOR, DAVID
- CHCSII ITT FACILITY
- Adequate Calcium Counseling
- Anti-Tobacco Counseling

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SUAREZ, JOSE Q

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Signed Encounter Documents: 22 May 2006 1927 signed by USER, TEST

Assessment

- Moderate persistent asthma
- Extrinsic asthma
- Exercise-induced asthma
- Exercise-induced bronchospasm
- Cough variant asthma

A/P Written by USER, TEST @ 22 May 2006 1926 EDT

1. ASTHMATIC BRONCHITIS

Procedure(s): -Pulmonary Function Tests x 1

Disposition Written by USER, TEST @ 22 May 2006 1927 EDT

Released w/o Limitations

Follow up: as needed with PCM for therapy 7 day(s) and/or in the AMBULATORY PROCEDURE UNIT clinic.

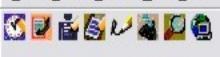
Discussed: Diagnosis, Medication(s)/Treatment(s), Potential Side Effects

30 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Signed By USER, TEST (Training Tool Application, CHCSII ITT Facility) @ 22 May 2006 1927

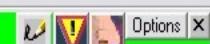


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Entry details for current selection

Encounter Background Information:

Duration (numeric) Onset Modifier

Value Unit

Medcin (Symptoms)

- + encounter background information
- + systemic symptoms
- + pain control techniques
- + head-related symptoms
- + eye symptoms
- + otolaryngeal symptoms
- + neck symptoms
- + breast symptoms
- + cardiovascular symptoms
- + pulmonary symptoms
- + gastrointestinal symptoms
- + genitourinary symptoms
- + endocrine symptoms
- + skin symptoms
- + hematologic symptoms
- + musculoskeletal symptoms
- + neurological symptoms
- + psychological symptoms
- + pediatric screening

Browse

HPI

ROS

PMH

PE

Tests

Treat

Reminders

Reminders

Adequate Calcium Counseling



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Reminders

Adequate Calcium Counseling

<< >> <No Template Selected> AutoNeg ROS/HPI History FamHist Prompt I Prompt ListSize 1

Entry details for current selection

Family history of cancer

Patient described a family history of cancer on his father's side

Duration (numeric)

Onset

Modifier

Value

Unit

Medcin (History) HPI PMH ROS PE Tests Browse

- + past medical history
- + family medical history (reported)
 - + family health status
 - + family history of cancer
 - + alcoholism
 - + mental illness (not retardation)
 - + heart disease
 - + early deaths
 - + a goiter
 - + genetic disease
 - + birth defects
 - + bleeding problems
 - + kidney disease
 - + chronic disabling diseases
 - + deafness before age 5
 - + allergies
 - + multiple births
 - + reviewed
 - + unchanged
 - + free text
- + social history
 - + behavioral history
 - + life circumstance event
 - + under stress
 - + critical stress history
 - + caffeine use
 - + tobacco use
 - + alcohol
 - + drug use
 - + antisocial
 - + self-damaging behavior
 - + habits

History of present illness

The Patient is a 45 year old male.

- Surgical history reviewed
- Pain can be controlled
- No otolaryngeal symptoms

Family history

Cancer Patient described a family history of cancer on his father's side

Physical findings

Head:

- Showed crepitus ◦ No cranial bruit ◦ No evidence of a head injury ◦ Airway was patent

Neck:

- Weakness was seen on flexion • Thyroid was diffusely enlarged

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Reminders

- Adequate Calcium Counseling

Priority	ICD	Diagnosis	Chronic/Acute	Type
- 1	493.90	ASTHMA	Chronic	New
Plan/Comments				
Procedure(s) Pulmonary Function Tests				
Medication(s) ALBUTEROL (PROVENTIL)-INH 0.5% SOLN				
Laboratory CBC W/AUTO DIFF				

Priority



Orders & Procedures

Pulmonary Function Tests

ALBUTEROL (PROVENTIL)-INH 0.5% SOLN

CBC W/AUTO DIFF

[Diagnosis](#) | [Order Sets](#) | [Procedure](#) | [Reminders](#) | [Order Consults](#) | [Order Lab](#) | [Order Rad](#) | [Order Med](#) | [Other Therapies](#)

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ICD	Diagnosis
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 - Screening
 - Vital Signs Entry
 - S/D
 - A/P
 - Disposition

Reminders

- Adequate Calcium Counseling

Encounter 1522 A/P section was saved.

USER, TEST in CHCSII Test Clinic at CHCSII ITT

Disposition Released w/o Limitations																																			
Follow Up																																			
<input type="checkbox"/> PRN When: <input type="text"/>			<input type="checkbox"/> For Tx: <input type="text"/>																																
<input type="checkbox"/> With PCM In Clinic: <input type="text"/>			Comments: <input type="text"/>																																
Encounter Context																																			
<input type="checkbox"/> Related to Injury/Accident? <input type="button" value="..."/>																																			
Discussed																																			
<input type="checkbox"/> All Items Discussed																																			
<input type="checkbox"/> Diagnosis			<input type="checkbox"/> Potential Side Effects																																
<input type="checkbox"/> Medication(s)/Treatment(s)			<input type="checkbox"/> Alternatives																																
<input type="text"/> indicated understanding						<input type="button" value="Comments ..."/>																													
Billing and Admin																																			
Billing Chief Complaint: <input type="text" value="493.90 - ASTHMA"/>																																			
Appt Class: <input type="text" value="Outpatient"/> <input type="button" value="Admin Options..."/>																																			
Meets Outpt Visit Criteria (Workload)? <input type="text" value="Yes"/> <input type="button" value="?"/>																																			
Time Factor																																			
<input type="checkbox"/> >50% time spent counseling or coordinating care			<input type="checkbox"/> Total face to face or floor time in minutes: <input type="text" value="60"/>																																
<input style="width: 20px; height: 20px; vertical-align: middle;" type="button" value="+"/>																																			
Calculated <input type="button" value="Selection"/> <input type="button" value="Additional E&M Coding"/>																																			
Patient Status: <input type="text" value="Established Patient"/> Exam Type: <input type="text" value="General Multi-System"/>																																			
<input type="button" value="Reset"/>																																			
Setting: <input type="text" value="Outpatient"/>																																			
Service Type: <input type="text" value="Outpatient Visit"/>																																			
<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>HPI</th> <th>ROS</th> <th>PFSH</th> <th>Overall History</th> <th>Exam</th> <th>Dx/Mgt Options</th> <th>Complexity of Data</th> <th>Overall MDM</th> <th>Problem Risk</th> <th>Tests Risk</th> <th>Mgt Risk</th> <th>Overall Risk</th> </tr> </thead> <tbody> <tr> <td>1 2</td> <td>1 2 3</td> <td>1 2</td> <td>1 2 3 4</td> </tr> </tbody> </table>												HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk	1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk																								
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4																								
Default Calculation: <input checked="" type="radio"/> 99212 - Estab Outpatient Focused H&P - Straightforward Decisions																																			
With User overrides: <input type="radio"/>																																			

File Edit View Go Tools Actions Help



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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 - Disposition

Reminders

- Adequate Calcium Counseling

Disposition

Released w/o Limitations

Follow Up

PRN When _____ For Tx: _____

With PCM In Clinic: _____

Comments:

Encounter Context

Related to Injury/Accident? [...]

Billing and Admin

Billing Chief Complaint: 493.90 - ASTHMA

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (workload)? Yes ?

Calculated

Patient Status: Established Patient Exam Type: General Multi

Setting: Outpatient

Service Type: Outpatient Visit

Time Factor

>50% or co

Details

Encounter findings	Count
pain can be controlled	1
no otolaryngeal symptoms	1
surgical history reviewed	1

HPI

1	2	1	2	3	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

ROS

1	2	3	1	2	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

PFSH

1	2	1	2	3	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Overall History

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Exam

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Dx/Mgt Options

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Complexity of Data

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Overall MDM

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Problem Risk

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Tests Risk

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Mgt Risk

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Overall Risk

1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Default Calculation: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

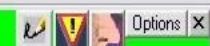
With User overrides:

Encounter 1522 A/P section was saved.

USER, TEST in CHCSII Test Clinic at CHCSII ITT



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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 - S/O
 - A/P
 - Disposition

Disposition

Released w/o Limitations

Follow Up

PRN When _____ For Tx _____

With PCM In Clinic: _____

Comments:

Encounter Context

Related to Injury/Accident? _____

Discussed

All Items Discussed

Diagnosis Potential Side Effects

Medication(s)/Treatment(s) Alternatives

Patient indicated understanding Comments...

Billing and Admin

Billing Chief Complaint: 493.90 - ASTHMA

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Time Factor

>50% time spent counseling or coordinating care Total face to face or floor time in minutes: 60

Calculated Selection Additional E&M Coding

Patient Status: Established Patient Exam Type: General Multi-System Reset

Setting: Outpatient

Service Type: Outpatient Visit

HPI	ROS	PFSH	Overall History	Exam	Dx/Mgt Options	Complexity of Data	Overall MDM	Problem Risk	Tests Risk	Mgt Risk	Overall Risk
1 2	1 2 3	1 2	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

Default Calculation: 99211 - Established Outpatient Minimal Service

With User overrides:

Reminders

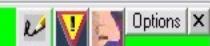
Adequate Calcium Counseling

Encounter 1523 A/P section was saved.

USER, TEST in CHCSII Test Clinic at CHCSII ITT



SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



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 - S/O
 - A/P
 - Disposition

Disposition

Released w/o Limitations

Follow Up

PRN When For Tx

With PCM In Clinic:

Comments:

Encounter Context

Related to Injury/Accident?

Billing and Admin

Billing Chief Complaint: 493.90 - ASTHMA

Appt Class: Outpatient Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes

Discussed

All Items Discussed

Diagnosis Potential Side Effects

Medication(s)/Treatment(s) Alternatives

Patient indicated understanding

Time Factor

>50% time spent counseling or coordinating care Total face to face or floor time in minutes: 60

E&M Category: Office/Outpatient Visit

Selection E&M Code: 99211 (Est Outpatient Visit, Lvl 1 (& non-privileged providers))

E&M Codes:

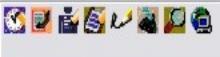
E&M	Evaluation & Management
99201	New Outpatient Visit, Lvl 1
99202	New Outpatient Visit, Lvl 2
99203	New Outpatient Visit, Lvl 3
99204	New Outpatient Visit, Lvl 4
99205	New Outpatient Visit, Lvl 5
99211	Est Outpatient Visit, Lvl 1 (& non-privileged providers)
99212	Est Outpatient Visit, Lvl 2
99213	Est Outpatient Visit, Lvl 3
99214	Est Outpatient Visit, Lvl 4
99215	Est Outpatient Visit, Lvl 5

E&M Description:

Established, Outpatient Visit,
 -May not require physician
 -Minimal Problem,
 -Typically 5 minutes
 -Non-privileged providers are normally restricted to using E&M code 99211 to document face-to-face encounters in which there is no procedure performed. Code

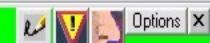
Reminders

Adequate Calcium Counseling



Save Providers S/O A/P Sign Cancel Clear All Close

SUAREZ, EDUARDO A 20/454-72-3217 45yo M LCDR DOB:10 Sep 1960



Options

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 - Disposition

Reminders

- Adequate Calcium Counseling

Encounter 1523 A/P section was saved.

USER, TEST in CHCSII Test Clinic at CHCSII ITT

Disposition

Released w/o Limitations

Encounter Context

 Related to Injury/Accident?

Follow Up

 PRN When ... For Tx: ... With PCM In Clinic: ...

Comments:

Discussed

 All Items Discussed Diagnosis Potential Side Effects Medication(s)/Treatment(s) Alternatives

Patient indicated understanding

Comments ...

Billing and Admin

Billing Chief Complaint

493.90 - ASTHMA

Appt Class: Outpatient

Admin Options...

Meets Outpt Visit Criteria (Workload)? Yes ?

Time Factor

 >50% time spent counseling or coordinating care Total face to face or floor time in minutes: 60

+ -

Calculated

Selection

Additional E&M Coding

E&M Code 1: 99211 - Est Outpatient Visit, Lvl 1 (& non-privileged providers)

Associated Diagnoses

- ASTHMA
- CHRONIC OBSTRUCTIVE PULMONARY DISEA...

Units Of Service: 1

E&M Code 2:

Associated Diagnoses

- ASTHMA
- CHRONIC OBSTRUCTIVE PULMONARY DISEA...

Units Of Service:

E&M Code 3:

Associated Diagnoses

- ASTHMA
- CHRONIC OBSTRUCTIVE PULMONARY DISEA...

Units Of Service:

File Edit View Co Tools Actions Help

Sign Encounter

Patient: SUAREZ, EDUARDO A	Date: 24 Jan 2006 1000 EST	Apt Type: EST
Treatment Facility: CHCSII ITT Facility	Clinic: CHCSII ITT Clinic	Provider: USER, TEST
Patient Status: Outpatient		

Reason for Appointment: diabetes/diabetes followup

AutoCites Refreshed by USER, TEST @ 26 Jan 2006 0747 EST

Problems	Active Family History	Allergies
• HYPERTENSION	• ASTHMATIC BRONCHITIS (Brother)	• Iodine Containing Agents: Rash
• DIABETES MELLITUS TYPE II	• DIABETES INSIPIDUS - CENTRAL (Father)	
• ESSENTIAL HYPERTENSION		

Active Medications

Active Medications	Status	Sig	Refills Left	Last Filled
LISINOPRIL (PRINIVIL/ZESTRIL)--PO 40MG TAB	Active	1 QD	6 of 6	Not Recorded
METFORMIN (GLUCOPHAGE)--PO 500MG TAB	Active	1 BID	6 of 6	Not Recorded
SIMVASTATIN (ZOCOR)--PO 20MG TAB	Active	QD	6 of 6	Not Recorded

Vitals

No Vitals Found.

Screening Written by USER, TEST @ 26 Jan 2006 0751 EST

Reason For Appointment: diabetes/diabetes followup

Reason(s) For Visit (Chief Complaint): ESSENTIAL HYPERTENSION (Follow-Up);

Vitals

Vitals Written by USER, TEST @ 26 Jan 2006 0752 EST

BP: 100/80 HR: 67 RD: 16 T: 98.5°F

Enter Your Password: Auto-Print Sensitive Sign Cosigner Required Search Cancel

Adequate

Anti-Tob

Blood Pr

Regular Activity Counseling

S/O

SO Note Written by USER, TEST @ 26 Jan 2006 0851 EST

Chief complaint

The Chief Complaint is: Feeling Dizzy

Reason for Visit

Visit for: laboratory

History of present illness

The Patient is a 45 year old male.

- Frequent weight changes of four or more pounds a week.
- Increased appetite.
- Polyuria.
- Distal tingling • Numbness of the hands and feet (distal)

Past medical/surgical historyReported History:

Medical: Previous hospitalization for a cardiac problem, for a GI problem, for a pulmonary problem, infections, cardiac history, and renal history.

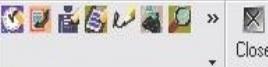
Review of systems

Systemic symptoms: No systemic symptoms.

Pain can be controlled: Pain cannot be controlled.



Option



Close

Customized

Report on: With Scope of:
Appointments Provider

USER, TEST

From: 01/26/2006 To: 01/26/2006 Include Rounds Appointments Display in separate window

Group results by
 Clinic Provider

91% 1 of 1

Appointments for Provider
Provider: USER, TEST

From: 26 Jan 2006 To: 26 Jan 2006

Training Use Only

Appointment Description	Count
InProgress	1

Grand Total: 1

Reminders



GLOBAL INFORMATION
for QUALITY CARE

What AHLTA Does

- * **Provides 24 X 7 access to complete and legible medical and dental patient records at the point of care**
 - ***No more lost records!***

What AHLTA Does (cont.)

- * **Documents patient encounter**
 - Use of health history and physical templates
 - Order entry / summary of care
 - Collects structured data as by-product of clinical workflow
 - Populates standard database
 - Enables viewing and tracking of empanelled patient information

What AHLTA Does

(cont.)

- * **Promotes team approach to health care delivery (enhances the Services' optimization efforts)**
 - **Builds single encounter document out of team effort**
- * **Supports health care delivery and management**
 - **Standardizes data elements using a robust, industry standard health data dictionary**
 - **Standardizes and automatically codes encounters**

What AHLTA Does (cont.)

- * Provides reminders for prevention measures
- * Improves quality of care

What AHLTA Does (cont.)

- * **Tracks medical needs of population**
- * **Predicts future appointment needs**
 - Future PAP smear needs
 - Mammogram demand
 - Dental recall exams
- * **Predicts and manages resource needs**

AHLTA

- * **Tool for individual and population health improvement**
 - **Supports Force Health Protection, Population Health Management, Personnel Readiness, and Medical Surveillance**
- * **Tool for health care resource management**
 - **Provides data for efficient management of health care delivery within the MHS**
- * **Provides clinical functionality for Theater Medical Information Program (CHCS II-T)**



MHS IM/IT
Program



Questions?



**MHS IM/IT
Program**

Back Up Slides

Military Health System IM/IT Program

Requirements Approval Process

CHCS II JROC-Approved Requirements



CHCS II (AHLTA)
Operational
Requirements
Document

September 2000



CHCS II (AHLTA)
Block 1
Revalidation

October 2002



CHCS II (AHLTA)
Block 2
Approved

April 2004

Submit
requirements
to Joint Staff

DRAFT

Joint Requirements Oversight Council



Approve

Joint Capabilities Board (JCB) Brief



Review

Functional Capabilities Board (FCB) Brief



Review

Joint Staff, Combatant Commanders,

**Army, Navy, Air Force, Marine Corps,
Agencies**

Flag Level

Review and Comment

**Joint Staff, Combatant Commanders,
Army, Navy, Air Force, Marine Corps,
Agencies**

O-6 Level

Review and Comment



Military Health System IM/IT Program Strategic Direction

Operational Continuum

**Military
Medical
Readiness**



Sustaining
Base

TRAIN AS WE FIGHT

Deployed
Forces